MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06919

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton RD 3
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Baby Andress

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	-

8.(b) Name of husband or wife: -
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Apr 25 1947

8. AGE: Years 0 | Months 0 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace: Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation: -

11. Industry or business: -

FATHER
12. Name: Frank Andress
13. Birthplace: Phila Pa

MOTHER
14. Maiden name: Mary M Promutics
15. Birthplace: Port Deposit Md

18. Informant: Frank Andress
Address: Elkton md RD 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 29 1947 (month) (day) (year)
Cemetery or crematory: Elkton cemetery
Location: Elkton Md

18. Funeral director: H W Pippin
Address: Elkton Md

19. April 29 1947 (Date rec'd by registrar) F R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27 1947, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1947, to April 27 1947
and that I last saw him alive on April 26 1947

Immediate cause of death	DURATION
Premature birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: O. N. Snyder, M.D. M. D. or other
Address: Elkton, Maryland Date signed: April 28, 47

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5HE)

06920

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 46 years
Hospital, institution, or street address where death occurred: North St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: North St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Henry Appleford.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Wh.	Maried.

6.(b) Name of husband or wife: Alsina Appleford
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): July 29, 1871

8. AGE: Years	Months	Days	If less than one day
75	8	7	...hrs. ...min.

9. Birthplace: Jonesburg N J (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: John Walter Appleford
13. Birthplace: England

MOTHER
14. Maiden name: Mary Snedeker
15. Birthplace: New Jersey

16. Informant: Mr. Walter Appleford
Address: Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 9 '47 (month) (day) (year)
Cemetery or crematory: Church Hill
Location: Church Hill Md

18. Funeral director: H W Shipley
Address: Elkton, Md

19. Apr 8 1947 (Date rec'd by registrar) H R Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1947 at 7 40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1947 to April 6 1947
and that I last saw him alive on April 5 1947

Immediate cause of death: Coronary Thrombosis and Myocardial Failure. — DURATION: 3/31
Due to: Lobar Pneumonia — DURATION: 3/21
Due to:
Other conditions: Carcinoma of prostate.
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Orland H. Sheeler M. D. or other
Address: Elkton, Maryland Date signed: April 9, '47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00921

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil Co.

City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)

Street No. E. Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Elizabeth Barrett

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8.(b) Name of husband or wife: Granville C. Barrett

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1866

8. AGE:

Years	Months	Days	If less than one day
81	2	19	..... hrs. ..... min.

9. Birthplace: Rock Springs Cecil Co. Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Joseph Gray
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Anna Kelly
15. Birthplace: Hartford Co. Maryland

16. Informant: Granville Barrett
Address: Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8, 1947 (month) (day) (year)

Cemetery or crematory: Brakeview Cemetary

Location: Rising Sun, Md.

18. Funeral director: Ralph M Reed

Address: Rising Sun, Md.

19. April 7 - 1947 (Date rec'd by registrar) L M Worthington Registrar

Permit issued April 7 - 1947.

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1947 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1946 to April 5 1947 and that I last saw h.r alive on April 5 1947

	DURATION
Immediate cause of death: Chronic Myocarditis	4 yrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: C. Sturgeon M. D. or other

Address: Darlington Md. Date signed 4/6/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-D)

CERTIFICATE OF DEATH

00922

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, Institution, or street address where death occurred: Union Hosp.
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Earlemde - Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Samuel Blackerton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: unknown
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 12. 1875

8. AGE: Years: 69 Months: 9 Days: 6 If less than one day: ..... hrs. ..... min.

9. Birthplace: Queen's Anne County - Md (town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
12. Name of FATHER: John H. Blackerton
13. Birthplace of FATHER: Md
14. Maiden name of MOTHER: Mary Squares
15. Birthplace of MOTHER: Md
16. Informant: John H. Blackerton
Address: Georgetown - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 24 1947 (month) (day) (year)
Cemetery or crematory: Newside Cemetery
Location: Crompton RD Maryland
18. Funeral director: H. W. Pepper
Address: Elkton Md
19. April 24 1947 (Date rec'd by registrar) F R Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18th 1947, at 12:15 P.M.
21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from April 16 1947 to April 18 1947 and that I last saw h[illegible] alive on Apr 18. 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 days
Due to: Hypertension & General Arterio-Sclerosis	Unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. H. McSmith M. D. or other
Address: Elkton - Md Date signed: Apr 18. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-47 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-G)

CERTIFICATE OF DEATH

00923

Reg. Dist. No. 90

1. PLACE OF DEATH:
County Cecil
City or town Warwick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Warwick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Briscoe

3. (b) Social Security Number

4. Sex: male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: widower
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) 2/25/1861

8. AGE: Years 86 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Md
(Town, county, and state)
10. Usual occupation labor
11. Industry or business farm

FATHER
12. Name Jeavis Brisco
13. Birthplace Md

MOTHER
14. Maiden name Cinda Ann
15. Birthplace Md

16. Informant John Brisco Jr
Address Warwick Md

17. Burial — Date thereof 4/17/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bohemia Cemetery (Warwick)
Location " "

18. Funeral director G. Fisher Farnitz
Address Townsend Del.

19. Apr 15 1947 Mrs Harold W. Chesney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1947, at 9:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1947, to April 14 1947
and that I last saw h... alive on April 9 1947

	DURATION
Immediate cause of death: Acute Dilatation of heart	1 day
Acute pneumonia	
Due to: Respiratory	3 days
La grippe	2 wk
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.
Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE James L. Johnson M.D.
M. D. or other
Address Elkton, Md Date signed 4/15/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

06924

Reg. Diat. No. 9 4

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War 1

3.(a) FULL NAME Samuel Burns

3.(b) Social Security Number 162-05-5933

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 9-16-1894

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
52.	7	6.		

9. Birthplace: Bayview Cecil Co Md
(Town, county, and state)

10. Usual occupation: Civil Engineer

11. Industry or business

FATHER
12. Name: Harry W. Burns
13. Birthplace: Cecil Co Md

MOTHER
14. Maiden name: Amy Nowland
15. Birthplace: Cecil Co Md

16. Informant: Harry W Burns
Address: Elkton Rd 4 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25 1947 (month) (day) (year)

Cemetery or crematory: BayView Methodist
Location: Bay View Md

18. Funeral director: Joseph R Grant
Address: North East, Maryland

19. Apr. 25 1947 (Date rec'd by registrar) Lida E. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 22 1947 at 7.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him alive on ..... 19..... I

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ..... Injured at work?

23. SIGNATURE: R. L. Dodson M.D. Medical Examiner for Cecil County
M. D. or other
Address: Rising Sun Md. Date signed: 4/22-47

VS A15 9.45 5M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

CERTIFICATE OF DEATH

00925

Reg. Diat. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Singers Road Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Singers Road Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Robert Caldwell.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Aug. 11 1945

8. AGE: Years 1 | Months 7 | Days 26 | If less than one day ... hrs. ... min.

9. Birthplace: Taylor Hop. Rully Pa Pa (Town, county, and state)

10. Usual occupation: Child

11. Industry or business

FATHER — 12. Name: Elwood Lawson Caldwell

FATHER — 13. Birthplace: Nova Scotia. Can.

MOTHER — 14. Maiden name: Emma Trostrail

MOTHER — 15. Birthplace: Plyla. Pa.

16. Informant: Elwood Caldwell.

Address: Singers Rd. Elkton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 6, 47 (month) (day) (year)

Cemetery or crematory: Holy Cross

Location: Darby, Pa

18. Funeral director: Geo Pippin

Address: Elkton, Md.

19. Apr 8 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1947, at 4.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...; and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Suffocation by	
Due to Water.	
Drowned.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 4-5-47.

Where did injury occur? Singers. Cecil Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home.

Means of injury: Fell in hole. Injured at work?

23. SIGNATURE: R L Dodson MD (Medical Examiner for Cecil County)

Address: Rising Sun Md. M. D. or other. Date signed: 4-5-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

00926

Reg. Dist. No. 75

1. PLACE OF DEATH:

County Cecil

City or town Rising Sun

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Rising Sun, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil Co.

City or town Rising Sun Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Catherine Octavia Cather

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife James H. Cather

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) January 12, 1885

8. AGE: Years	Months	Days	If less than one day
62	3	17	hrs. min.

9. Birthplace Whiteford, Harford, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James P. Burkins

13. Birthplace Mill Green, Md.

MOTHER 14. Maiden name Mary M. Morrison

15. Birthplace Prospect, Md.

16. Informant Mary A. Cather

Address Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2 1947 (month) (day) (year)

Cemetery or ~~crematory~~ Hopewell

Location Port Deposit Md.

18. Funeral director J. E. Tyson

Address Rising Sun Md.

19. May 1 1947 (Date rec'd by registrar) L. M. Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1947 at 2304 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/22 1947, to 4/29 1947

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Acute Coronary Thrombosis	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Dodson MD M. D. or other

Address Rising Sun Md. Date signed 4/29-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

Former address 1-1-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

9 00927

Reg. Dist. No. 92

VS A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 12 wks
Stay in this community (yrs., or mos., or days): 12 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: New Castle
City or town: Wilmington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 114 W. 38th St Wilm Del
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Mary E. Clark

3. (b) Social Security Number:

4. Sex: F.
5. Color or race: Wh
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George M Clark
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): November 29, 1859
8. AGE: Years 77 Months 4 Days 6 If less than one day ____ hrs. ____ min.
9. Birthplace: Elkton, Md (Town, county, and state)
10. Usual occupation: at Home
11. Industry or business:

FATHER
12. Name: Thomas Heath
13. Birthplace: Elkton Md

MOTHER
14. Maiden name: Harriett Bryson
15. Birthplace: Elkton Md

16. Informant: James M. Clark
Address: 1216 Conrad St Wilm, Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 9, 1947 (month) (day) (year)
Cemetery or crematory: Elkton
Location: Elkton, Md
18. Funeral director: H W Pippin
Address: Elkton, Md
19. Apr 8 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1947, at 5:40 p.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7 1947, to April 6 1947
and that I last saw her alive on April 6 1947

Cause	Duration
Immediate cause of death: Heart Failure	
Due to: Broncho-pneumonia	4/7
Due to:	
Other conditions: Fracture of right femur. Pathological fracture(s) at home, avg.	Jan. 15

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Milford H. Spreacley M.D. (M. D. or other)
Address: Elkton, Maryland Date signed: April 6, 47

(I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e)

CERTIFICATE OF DEATH

06928

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 minutes

Hospital, Institution, or street address where death occurred: Union Hospital Elkton Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Del. County: New Castle

City or town: Wilmington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1001 N. Rodney St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Roosevelt Coltraine

3.(b) Social Security Number: 238-20-9072

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Mulatto	Single

6.(b) Name of husband or wife: Single

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 26 1923

8. AGE: Years: 24 | Months: 2 | Days: 21 | If less than one day: hrs. min.

9. Birthplace: Williamston North Carolina (Town, county, and state)

10. Usual occupation: R.R. Telegraph Operator

11. Industry or business:

FATHER — 12. Name: J D Coltraine

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: no information

15. Birthplace: North Carolina

16. Informant: Mrs Margaret Webster

Address: Murphy Road Wilmington Del

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4/15/47 (month) (day) (year)

Cemetery or crematory: Williamston, N.C.

Location: Williamston N.C.

18. Funeral director: H.W. Pippin

Address: Elkton, Md

19. April 14 1947 (Date rec'd by registrar) F.R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 1947 at 3:26 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Fractured neck. Fractured skull. Base.

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Accident Date of 4/13-47

Where did injury occur? Elkton Cecil Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury: Automobile Injured at work?

23. SIGNATURE: R.L. Dodson M.D. Medical Examiner for Cecil County

Address: Elkton Md Date signed: 4-13-47 M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

06329

CERTIFICATE OF DEATH

Reg. Diat. No. 95

1. PLACE OF DEATH:

County Cecil

City or town (Rural) Port Deposit

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residenen of mother)

State Md County Harford

City or town Darlington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Mary E. Dorsey

3.(b) Social Security Number 217-07-3886

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Widow

6.(b) Name of husband or wife Wm H Dorsey

Dead

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12-1885

8. AGE:

Years	Months	Days	If less than one day
61	11	28	hrs. min.

9. Birthplace Harford Co., Md.

(Town, county, and state)

10. Usual occupation Cook

11. Industry or business

FATHER

12. Name Oscar Collins

13. Birthplace Harford Co., Md.

MOTHER

14. Maiden name Lydia Collins

15. Birthplace Harford Co. Md.

16. Informant Mrs Daisy Fortbury

Address Darlington Md.

17. Burial Date thereof April 26 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hosanna Cem.

Location Harford Co. Md.

18. Funeral director H. L. Bailey

Address Darlington, Md.

19. April 24, 1947 C. Kirk

(Date rec'd by registrar) Registrar

Permit issued May 2 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1947, at 1:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 1947, to April 23 1947

and that I last saw h~~e~~r alive on April 23 1947

Immediate cause of death	DURATION
Chronic Myocarditis	5yrs.
Due to	
Due to	
Other conditions Chronic Endocarditis	5yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. Broom M. D.

M. D. or other

Address Port Deposit Md Date signed 4/24/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-46M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

00930

CERTIFICATE OF DEATH

Reg. Diat. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Outside Rising Sun

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Outside Rising Sun.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Joslph A. Durham

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Sarah Durham

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 14. 1865

8. AGE: Years 82 | Months 1 | Days 21 | If less than one day ... hrs. ... min.

9. Birthplace: Harford Co. Md. (Town, county, and atate)

10. Usual occupation: Retired

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace: Unknown

MOTHER 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Howard Durham

Address: Rising Sun. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9 1947 (month) (day) (year)

Cemetery or crematory: Brookview

Location: Rising Sun. Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun. Md.

19. (Date rec'd by registrar) April 9 - 47 (19..) 4-7-47 T. M. Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1947 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1946 to April 5 1947

and that I last saw him alive on April 1st 1947

	DURATION
Immediate cause of death: Chronic Nephritis	2 yrs
Due to: Natural	
Due to: —	
Other conditions: ✓	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L P Snodgrass M. D. or other

Address Darlington Md Date signed 4/6/47

Permit issued 4-7-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (a)

CERTIFICATE OF DEATH

Reg. Dist. No. 00931 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-47

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 64 years.
Hospital, institution, or street address where death occurred: 137 E Main St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elkton, Md (If outside city or town limits, write RURAL and give nearest town)
Street No. 137 E. Main St. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John E. Gonce

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Married

6.(b) Name of husband or wife: Mary B. Gonce 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 27, 1859

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
87	4	15		

9. Birthplace: Warwick, Md (Town, county, and state)
10. Usual occupation: Merchant.
11. Industry or business:
FATHER 12. Name: John R. Gonce
13. Birthplace: Warwick Md
MOTHER 14. Maiden name: Sarah Alwick.
15. Birthplace: Glascow, Del.
16. Informant: Mrs Mary Gonce
Address: Elkton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/17/47 (month) (day) (year)
Cemetery or crematory: Elkton
Location: Elkton Md
18. Funeral director: H.W. Pippin
Address: Elkton Md
19. April 16 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1947, at 2 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946 to April 14 1947
and that I last saw h[illegible]live on April 14 1947

	DURATION
Immediate cause of death: Acute Myocardial Failure	2 days
Due to: Chronic Hypertension Cardiovascular Renal	15 years
Due to:	
Other conditions: Diabetes Mellitus	10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. J. Doss M.D. M. D. or other
Address: Chesapeake Md Date signed 4/15/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

M

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7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

00932

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
County Cecil
City or town Charlestown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Charlestown
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mary Louise Gonce

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Joseph Earl Gonce
6.(c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) March 11 1910

8. AGE: Years 37 Months — Days 26 If less than one day ... hrs. ... min.

9. Birthplace North East, Cecil Co., Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name John Arthur Pryor
13. Birthplace Md

MOTHER
14. Maiden name Mary Adair McKinney
15. Birthplace Md

16. Informant Mr Joseph Earl Gonce
Address Charlestown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 9 1947 (month) (day) (year)
Cemetery or crematory Methodist Cemetery
Location North East Md

18. Funeral director Joseph R. Grant
Address North East, Md

19. Apr 9 1947 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1947, at 4:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18, 1947 to April 6 1947
and that I last saw her alive on April 5 1947

Immediate cause of death	DURATION
Chr. parenchymatous nephritis	3 yr
Aortic Insufficiency	3 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE James L. Johnson M. D. or other
Address Elkton Md Date signed 4/8/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

06933

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Cecil

City or town: Union Hospital Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: Union Hospital Elkton

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)

State: Md. County: Kent

City or town: Galena
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Clarence H. Hackett

3.(b) Social Security Number 218-20-6534

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6.(b) Name of husband or wife: Emma L. Hackett

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Sept. 20. 1880

8. AGE:

Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace: Galena Kent Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Anthony Hackett
13. Birthplace: Md.

MOTHER
14. Maiden name: Emma Thomas
15. Birthplace: Md.

16. Informant: Emma L. Hackett
Address: Galena Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 18, 1947 (month) (day) (year)

Cemetery or crematory: Oliver Hill

Location: R.F.D. Galena Md.

18. Funeral director: Edward Fellows

Address: Millington Md.

19. April 16 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1947, at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1946 to April 14 1947 and that I last saw h. alive on April 14 1947

Immediate cause of death	DURATION
Cardiac decompensation + failure	
Due to: Hypertensive Cardio-vascular disease	2 yrs
Due to: Arterio Sclerotic heart disease	10 yrs
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Theodore F. Paprocki M.D.
M. D. or other

Address: Galena Md. Date signed: 4-15-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11-a)

00934

CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH: Cecil

County

City or town Elkton md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

Union Hosp. 7 days

How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Kennedyville md

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME John E. Hessner

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Lucretian Hessner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25 1884

8. AGE: Years 62 | Months 2 | Days 31 | If less than one day ..... hrs. ..... min.

9. Birthplace Kennedyville md (Town, county, and state)

10. Usual occupation Live Stock dealer

11. Industry or business

FATHER 12. Name Charles Arrow Hessner

13. Birthplace Germany

MOTHER 14. Maiden name Augusta Hamilton

15. Birthplace Germany

16. Informant Lucretian Hessner

Address Kennedyville md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 27 47 (month) (day) (year)

Cemetery or crematory Galena

Location Galena md

18. Funeral director B.R. Fellows

Address Still Pond md

19. April 25 1947 (Date rec'd by registrar) F.R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1947, at 11:15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 29 1947, to Apr 23 1947 and that I last saw h.. alive on Apr 23 1947

	DURATION
Immediate cause of death Bronchopneumonia	3 days
Due to pulmonary embolism	7 days
Due to Uremia	3 days
Other conditions Thrombophlebitis of femoral veins	3½ mos

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Theodore F. Zapanchi M.D. M. D. or other

Address Galena, Md Date signed 4/25/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94

CERTIFICATE OF DEATH

06935

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 hours
Hospital, institution, or street address where death occurred: Elkton, Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Cherry Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John A Holmes Sr.

3.(b) Social Security Number: 214-03-0823

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	married

6.(b) Name of husband or wife: Violet Holmes
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): May 15, 1894

8. AGE: Years	Months	Days	If less than one day
62	10	20	...hrs. ...min.

9. Birthplace: Elk Neck, Md (Town, county, and state)
10. Usual occupation: Pipe Fitter
11. Industry or business: Elk Paper Co
FATHER 12. Name: Mayfield Holmes
13. Birthplace: Maryland
MOTHER 14. Maiden name: Sarah Stewart
15. Birthplace: Maryland
16. Informant: Mrs John Holmes
Address: Cherry Hill, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 8 47 (month) (day) (year)
Cemetery or crematory: Cherry Hill
Location: Cherry Hill, Md
18. Funeral director: H. L. Lippincott
Address: Elkton, Md
19. Apr 8 19 47 F R Frazer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 19 47, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...
and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Acute Coronary Thrombosis	
Due to Arteriosclerosis & hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

23. SIGNATURE: R L Dodson MD, Medical Examiner, Cecil County
Address: Elkton Md. Date signed: M. D. or other 12-4-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17)

CERTIFICATE OF DEATH

00936

Reg. Dist. No. 92

1. PLACE OF DEATH
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cecil
City or town North East
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Doris Marie Kendall.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 11 1941

8. AGE: Years 5 Months 8 Days 27 If less than one day ... hrs. ... min.

9. Birthplace Elkton Cecil Co. Md
(Town, county, and state)

10. Usual occupation Child

11. Industry or business —

FATHER 12. Name Irving G. Kendall
13. Birthplace Still Pond. Md

MOTHER 14. Maiden name Alice Mary Kendall
15. Birthplace Wilmington, Del

16. Informant Irving G. Kendall
Address North East. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9 1947 (month) (day) (year)
Cemetery or crematory Elkton Catholic
Location Elkton, Md

18. Funeral director Joseph R. Evans
Address North East. Md

19. Apr 8 1947 (Date rec'd by registrar) F. K. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1947, at 1240 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death Fracture of Base of skull	
Due to Also frontal bone.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? Accident Date of 4-6-47
Where did injury occur? North East (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?) Street.
Means of injury Auto Crash Injured at work? No

23. SIGNATURE R. E. Carson Jr. M.D. Medical Examiner for Cecil County
Address Irving G. Kendall M. D. or other
Date signed 4-6-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00937

Reg. Dist. No. 95

1. PLACE OF DEATH:
County Cecil
City or town Calvert, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
Street No. S. Queen Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Clarissa Jane Kirk

3.(b) Social Security Number none

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: widowed
6.(b) Name of husband or wife: Joseph Kirk
6.(c) If alive, give age .... years
7. Birth date of deceased (mo., day, yr.): June, 4, 1851

8. AGE:

Years	Months	Days	If less than one day
95	10	5	hrs. min.

9. Birthplace: Harrisville, Cecil County, Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Isaac R. Taylor
13. Birthplace: Rising Sun md
MOTHER 14. Maiden name: Lucy Harland
15. Birthplace: Chester County, Pa.
16. Informant: Maude K. Ashby
Address: Rising Sun, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 11, 1947 (month) (day) (year)
Cemetery or crematory: Westnottingham Friends Cemetery
Location: Harrisville, Md.
18. Funeral director: Ralph M. Reed
Address: Rising Sun Md.
19 April 11 1947 (Date rec'd by registrar) [signature] Registrar

Permit issued April 11-1947

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1947 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 30, 1947, to April 9 1947
and that I last saw her alive on April 8 1947

	DURATION
Immediate cause of death: Myocarditis Chronic c̄ coronary thrombosis	
Due to: Hypertensive Cardio Vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other
Address Port Deposit Md. Date signed 4-10-47

VS A15 9.45 M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

00938

Reg. Dist. No. 95

1. PLACE OF DEATH:-

County Cecil

City or town Rowlandville Rural.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 67 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Rowlandville. rural.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Cassie McCardell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife Luther McCardell

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 29. 1879

8. AGE: Years	Months	Days	If less than one day
67	5	17	hrs. min.

9. Birthplace Rowlandville. Cecil Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lewis Smith
13. Birthplace unknown.

MOTHER
14. Maiden name Charlotte Barrett
15. Birthplace unknown.

16. Informant Luther McCardell
Address Rowlandville, Md. R. # D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18 1947 (month) (day) (year)

Cemetery or crematory Harmony Chapel.

Location Rowlandville. Md

18. Funeral director J. E. Tyson

Address Rising Sun. Md.

19. Apr 16-47 (Date rec'd by registrar) 19 L M Worthington Registrar

Certificate Issued Apr 16-47

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1947 at 3.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1947 to Apr. 15 1947

and that I last saw h. alive on April 15 - 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis -	days -
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. J. Benson, M. D.
M. D. or other

Address Port Deposit. Md. Date signed 4/16/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

Evidence for addition of date of burial shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7a)

00939

FILM No. G 110 JUN 13 1947

CERTIFICATE OF DEATH

B Reg. Dist. No. 94

1. PLACE OF DEATH

County: Cecil

City or town: North East Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 ~~days~~ hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pa. County: Delaware

City or town: Collingdale

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME Lee Mills

3.(b) Social Security Number None?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	married

6.(b) Name of husband or wife: Anna C Mills

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Dec 5 1888

8. AGE: Years: 58 | Months: 4 | Days: 1 | If less than one day: ...hrs. ...min.

9. Birthplace: Canada Minn. (Town, county, and state)

10. Usual occupation: Ship Builder

11. Industry or business

FATHER 12. Name: Wm Mills

13. Birthplace: unknown

MOTHER 14. Maiden name: unknown

15. Birthplace

16. Informant: Anna C. Mills Pa

Address: 202 S Taly Ave Collingdale

17. (Burial, cremation, or removal. Which?) Removal Date thereof: April 6 1947 (month) (day) (year)

Cemetery or crematory

Location: Darby Pa

18. Funeral director: Joseph R. Evans

Address: North East Md

19. 4-7-1947 (Date rec'd by registrar) Lois L. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1947 at 5:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19... to ...19...

and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Acute Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Bill Dodderidge M.D. Medical Examiner Cecil County

Address: Rising Sun Md. M. D. or other

Date signed: 4-6-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-46M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

06940

Reg. Dist. No. 94

1. PLACE OF DEATH:
County: Cecil
City or town: North East
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: North East
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Emily Elizabeth Moore

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): August 12 1887

8. AGE: Years: 59 | Months: 8 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: North East Cecil Co Md
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business:

FATHER
12. Name: John L. Moore
13. Birthplace: Maryland

MOTHER
14. Maiden name: May W. Williams
15. Birthplace: Trappe, Md

16. Informant: J. Edw. Davis
Address: North East, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 20 47 (month) (day) (year)
Cemetery or crematory: Methodist
Location: North East, Md
18. Funeral director: Joseph R. Grant
Address: North East Md

19. April 20 1947 (Date rec'd by registrar) Lida V. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1947 at 7 05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1947 to April 18 1947 and that I last saw h[illegible] alive on April 18 1947

Immediate cause of death	DURATION
Carcinoma, right breast with distant metastases.	About 18 months.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S. Rudolph Hansen Jr., MD M. D. or other
Address: 233 E. Main St, Elkton, Md. Date signed: Apr. 19 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

Reg. Dist. No. 9L 00951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Principio Furnace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Principio Furnace
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME E Harold Owens.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillie M. Owens
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 8, 1887

8. AGE: Years: 59 Months: 11 Days: 28 If less than one day: hrs. min.

9. Birthplace: Charlestown, Cecil co., Md. (Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business: General Store.
FATHER 12. Name: Edwin Owens
FATHER 13. Birthplace: Cecil Co. Md.
MOTHER 14. Maiden name: Lena White
MOTHER 15. Birthplace: Cecil Co., Md.
16. Informant: Lillie M. Owens.
Address: Principio Furnace, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 7, 1947 (month) (day) (year)
Cemetery or crematory: Principio
Location: Principio Furnace, Md.
18. Funeral director: Lee A. Patterson & Son
Address: Perryville, Md.
19. April 7 1947 Irene E Daugherty Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1947, at 7:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1946 to April 5 1947 and that I last saw h... alive on April 5 1947

Immediate cause of death	DURATION
Carcinoma of liver	1 yr
Due to	
Due to	
Other conditions: Cardiac asthma	2 yr

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other
Address: Perryville Md. Date signed 4/6/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

06942

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Cherry Hill Cecil Co., Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Cherry Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: Not a U.S. Veteran

3.(a) FULL NAME: John Henry Peterson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lucy Orena Peterson

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): September 21 1872

8. AGE: Years: 74 | Months: 6 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Chesapeake City, Cecil Co., Md

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Jeremiah M. Peterson

13. Birthplace: [illegible] County, Delaware NEW JERSEY

MOTHER

14. Maiden name: Matilda Bateman

15. Birthplace: Delaware City, Delaware

16. Informant: Mrs John H Peterson

Address: Elkton Route 5, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 7, 1947 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Chesapeake City Rural Md

18. Funeral director: Joseph R Grant

Address: North East, Maryland

19. April 7 1947 (Date rec'd by registrar) F R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1947, at 7a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 to Apr. 4 1947 and that I last saw h[illegible] alive on April 3 1947

Immediate cause of death	DURATION
Coronary Thrombosis	8 hours
Due to: Chronic Endocarditis	
Due to:	
Due to:	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Herbert Bell, M.D. M. D. or other

Address: Elkton Md Date signed: 4/5/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-a)

00943

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-47

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred: Howard St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Howard St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Mary E. Sommer.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh.	Widowed

6.(b) Name of husband or wife: J. F. Sommer.

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Dec 1, 1862

8. AGE: Years	Months	Days	If less than one day
84	4	19	..... hrs. ..... min.

9. Birthplace: Hoffmanville, Maryland (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER — 12. Name: Adam Walker.

FATHER — 13. Birthplace: Maryland.

MOTHER — 14. Maiden name: No Information.

MOTHER — 15. Birthplace:

16. Informant: Mrs Bessie Potter

Address: Howard St Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 22/47 (month) (day) (year)

Cemetery or crematory: Elkton

Location: Elkton, Md

18. Funeral director: H W Pippin

Address: Elkton, Md.

19. April 22 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1947 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925 to April 19 1947

and that I last saw h— alive on April 19 1947

	DURATION
Immediate cause of death: Acute cardiac dilatation	5 min.
Due to: Cardio renal vascular disease	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Herbert Sadler, M. D. (M. D. or other)

Address: Elkton Md Date signed: 4/21/47

00944

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (700)

CERTIFICATE OF DEATH

D Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:

County: Cecil

City or town: Bainbridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three months.

Hospital, institution, or street address where death occurred:
U.S. Naval Hospital

How long in hospital or institution? 21 1/2 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Missouri County: Franklin

City or town: Sullivan
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: World War two. ✓

3. (a) FULL NAME

Francis Joseph Schuster

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Doris Marie Schuster

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 3-28-15

8. AGE:

Years	Months	Days	If less than one day
32		22	..... hrs. ..... min.

9. Birthplace: Sullivan, Mo.
(Town, county, and state)

10. Usual occupation: U.S. Navy

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant: Medical Records Office, USNH, NTC, BNBDH

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: April 22, 1947 (month) (day) (year)

Cemetery or crematory

Location: To Sullivan, Franklin Co., Missouri

18. Funeral director: Lee A. Patterson & Son

Address: Perryville, Md.

19. April 22 1947 (Date rec'd by registrar) Irene E. Dauphin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20 1947, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I saw deceased ~~XXXXXX~~ OK

Dead April 20 '47, to ..... 19....

and that I last saw h... alive on ..... 19....

Immediate cause of death	DURATION
Compound fracture of base of skull with associated injury	
Due to: to brain.	21 1/2 hr
Due to	
Other conditions: Fracture of femur and leg- left.	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: April 19, 47

Where did injury occur? Craigton Cecil, Maryland
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Automobile Injured at work?

23. SIGNATURE: R.M. Mugrage, Lt. Cdr. (MC) USN
M. D. or other

Address: USNH Bainbridge, Md. Date signed: April 21, 1947

00945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (43)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 3 D Days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Cecil
City or town: North East Rural (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: not a Veteran

3.(a) FULL NAME: John William Stack

3.(b) Social Security Number: 251-14-9764

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lizzie Stack
6.(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Sept 28 1904

8. AGE: Years: 42 Months: 6 Days: 15 If less than one day: hrs. min.

9. Birthplace: Lynn Mass. (Town, county, and state)

10. Usual occupation: Station Agent

11. Industry or business: B & O. Railroad

FATHER — 12. Name: John E Stack
FATHER — 13. Birthplace: no info

MOTHER — 14. Maiden name: Mary E. Riley
MOTHER — 15. Birthplace: no info

16. Informant: Mrs John Stack
Address: North East, Rural, Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof April 13-1947 (month) (day) (year)
Cemetery or crematory: Otter cemetery
Location: Otter, Clay Co. West Va.

18. Funeral director: Joseph R. Grant
Address: North East Md.

19. April 12 1947 (Date rec'd by registrar) H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 April 1947 at 1:50 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1947, to 11 April 1947 and that I last saw h.i.m. alive on 11 April 1947

Immediate cause of death	DURATION
Pulmonary Edema	12 hours
Due to: Coronary Occlusion	18 hours
Due to: Carcinoma primary, left lung	4 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Klaus H Huebner M.D. M. D. or other
Address: North East, Md Date signed: 12 Apr. 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

00946

CERTIFICATE OF DEATH

Reg. Dist. No. 960

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Less than 1 day

Hospital, institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point, Md.

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 742 Weasche Street
(If rural, give LOCATION)

2.(a) If veteran, name war: WW-II

3.(a) FULL NAME: THOMAS, Theodore

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Mildred Milton Thomas

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 16, 1924

8. AGE:

Years	Months	Days	If less than one day
22	5	16	..... hrs. ..... min.

9. Birthplace: Union, S.C.
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business

MOTHER FATHER

12. Name: Edward Thomas

13. Birthplace: Union, S.C.

MOTHER

14. Maiden name: Alberta Talley Thomas

15. Birthplace: Union, S.C.

16. Informant: Mother, Mrs. Alberta Talley Thomas

Address: 742 Weasche St., Baltimore, Md.

17. Burial 1947 (Burial, cremation, or removal. Which?) Date thereof: Apr. 3, 1947 (month) (day) (year)

Cemetery or crematory: —

Location: Winston-Salem, N.C.

18. Funeral director: Mrs L R Williams J E Rucker MRS. KATIE R. WILLIAMS

Address: 322 N. Schroeder Street, Baltimore, Md.

19 April 3 19 47 (Date rec'd by registrar) Irene E. Daughtry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2 19 47, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 47, to April 2 19 47 and that I last saw him alive on April 2 19 47

Immediate cause of death	DURATION
Pneumonia, lobular	4-5 days
Due to	
Due to	
Other conditions: Hepatitis, acute, cause unknown (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: —

Date of op. .....

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: —— Date of .....

Where did injury occur? —— (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) ——

Means of injury —— Injured at work?

23a. SIGNATURE: R. C. Dodson, M.D.

R. C. DODSON, M.D., Coroner M. D. or other

Address: Rising Sun, Maryland Date signed: 4-2-47

Medical Examiner Cecil County

VS A15 9-45 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-2)

00947

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH
County Cecil
City or town Rural Earlville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State Md County Cecil
City or town Rural Earlville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles H Williams

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Thelma Williams
6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 57 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name George F Williams
13. Birthplace Delaware

MOTHER
14. Maiden name Annie Collins
15. Birthplace Delaware

16. Informant Thelma Williams
Address Rural Earlville Md

17. Burial (Burial, cremation, or removal, which?) Date thereof April 26, 1947 (month) (day) (year)
Cemetery or crematory Cecilton
Location Cecilton Md
18. Funeral director Edward Fulbury
Address Millington Md.

19. Apr 26 1947 (Date rec'd by registrar) Mrs Harold W Clay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1947 at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1947 to April 23 1947 and that I last saw him alive on April 23 1947

Immediate cause of death	DURATION
Arteria-Sclerotic heart disease with decompensation	10 hrs
Due to	
Due to	
Other conditions Gen art. sclerosis.	
(2) Chr Ulcerative colitis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Theodore F Pozzuoli M.D. M. D. or other
Address Galena Md Date signed 4/25/47

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1889 1946 S-7

1889 1946 S-7